

A Public Health Concern: Identifying and Addressing Geriatric Syndromes *Condition Critical*

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Preface

In the next fifty years, the older adult population in the United States alone is projected to more than double in size, from 31 million to 80 million. This staggering statistic signals that policymakers, healthcare practitioners, and the general population must become more proactive in better identifying and addressing geriatric syndromes.

Discussion

What are geriatric syndromes? What is meant by such an amorphous term? According to HealthinAging.org, some of the more common conditions under the umbrella of geriatric syndromes are as follows:

- bladder control problems (incontinence)
- delirium
- dementia
- dizziness
- falls
- osteoporosis
- pressure ulcers
- sleep disturbances
- syncope (fainting)
- weight loss
- and more [1].

Many of these syndromes can be multifactorial and a single underlying cause may not yet be known [2]. Therefore, a geriatric patient's symptoms can be ambiguous. For example:

- Are the symptoms that of a disease, disuse, or simply aging; or are the symptoms a combination of causes?
- It is possible that the symptoms of one disease are masking those of another disorder or disease.
- Is an illness or disease causing the symptoms, or are the symptoms a result (side effect) of medicines that the geriatric patient is taking?
- Certain ongoing syndromes may have no clinical presentation at the time of the doctor's visit and evaluation.

Conclusion

In the near future, in Internal and Geriatric Medicine, there will be a practical and pressing need to better identify and address geriatric syndromes, and to better isolate the cause or causes of these syndromes. Early detection and treatment can help prevent or curtail the primal causes of these syndromes from progressing to more serious and costly conditions. Medical researchers, bureaucrats, and advisors (government, NGO, and university) must cooperate to discover progressive procedures and implement proactive policies to improve the quality of life for the geriatric patient

and to reduce the overall cost to the patient and society for their care and treatment.

Conflict of Interest Statement

The author declares that this paper was written in the absence of any commercial or financial relationship that could be construed as a potential conflict of interest.

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